



STATE OF MONTANA PREMISES REGISTRATION SYSTEM

A Part of the NAIS – National Animal Identification System

Administered by the Montana Department of Livestock

PO Box 202001, Helena, MT 59620-2001

Phone: 406-444-7323; Fax: 406-444-1929

Web Site: <http://www.mt.gov/liv/>

VOLUNTARY Account Set Up and Premises Registration

1. For questions, contact the Department of Livestock at 406-444-7323.
2. Return forms to Marc Bridges, PO Box 202001, Helena, MT 59620-2001.

Step One: Account Set Up

Business/Farm/Ranch Account Information

This is the contact information for your livestock business entity. This may be different than the location where the animals are kept. The primary contact will be the first individual contacted for herd information.

Business Name: _____

Primary Contact Name: _____

Secondary Contact Name: _____

Mailing Address: _____

City/State/Zip: _____

County: _____

Business Phone Number: _____

Home Phone Number: _____

Cell Phone Number: _____

Fax Number: _____

E-mail Address: _____

(used for confirmation purposes only)

Business Type: *(check only one)*

- | | |
|--|--|
| <input type="checkbox"/> Individual | <input type="checkbox"/> Limited Liability Partnership |
| <input type="checkbox"/> Partnership | <input type="checkbox"/> Limited Liability Corporation |
| <input type="checkbox"/> Incorporated | <input type="checkbox"/> Non-profit Organization |
| <input type="checkbox"/> State/Federal Government Entity | <input type="checkbox"/> Tribal Entity |

Operation Type: *(check all that apply)*

- | | | |
|---|--|--|
| <input type="checkbox"/> Farm/Ranch Production Unit | <input type="checkbox"/> Clinic | <input type="checkbox"/> Slaughter Plant |
| <input type="checkbox"/> Market/Collection Point | <input type="checkbox"/> Exhibition | <input type="checkbox"/> Rendering |
| <input type="checkbox"/> Non-producer Participant | <input type="checkbox"/> Laboratory | <input type="checkbox"/> Quarantine Facility |
| <input type="checkbox"/> Tagging Site | <input type="checkbox"/> Port of Entry | |
-

Premises Information

Premises Name: _____
(Example: "home place" or "heifer place")

Physical Address or 911 Address:

City/State/Zip: _____ **County:** _____

Legal Description: Township: _____ Range: _____ Section: _____
(i.e. 7N or 7S) (i.e. 9E or 9W) (i.e. 14)

GPS Coordinates (*decimal format*): Latitude _____._____._____._____._____ N Longitude _____ W

GPS Coordinates were taken at: ☐ Ranch gate (*Preferred location*) ☐ Ranch/farm yard ☐ House

Premises Type: *(check only one)*

- | | | |
|---|--|--|
| <input type="checkbox"/> Farm/Ranch Production Unit | <input type="checkbox"/> Clinic | <input type="checkbox"/> Slaughter Plant |
| <input type="checkbox"/> Market/Collection Point | <input type="checkbox"/> Exhibition | <input type="checkbox"/> Rendering |
| <input type="checkbox"/> Non-producer Participant | <input type="checkbox"/> Laboratory | <input type="checkbox"/> Quarantine Facility |
| <input type="checkbox"/> Tagging Site | <input type="checkbox"/> Port of Entry | |

Domesticated Species at Premises: *(check all that apply)*

- | | | |
|---|---|--|
| <input type="checkbox"/> Bovine (Cattle/Bison) | <input type="checkbox"/> Ovine (Sheep)* | <input type="checkbox"/> Camelid (Llama) |
| <input type="checkbox"/> Equine (Horses) | <input type="checkbox"/> Caprine (Goats)* | <input type="checkbox"/> Guineas |
| <input type="checkbox"/> Porcine (Swine) | <input type="checkbox"/> Cervids (Deer and Elk)** | <input type="checkbox"/> Aquaculture |
| <input type="checkbox"/> Fowl (Chickens, Ducks, Emu, Geese, Pheasants, Quail, Ostrich, Turkeys) | | |

(Please circle the type(s) of fowl on your premises)

* Flock ID Number(s) *if applicable*:

** Alternative Livestock License Number(s) *if applicable*:

Your information will be kept confidential and will not be sold or given out. This information may be accessed by animal health officials for disease traceback and animal health surveillance purposes. Your signature verifies that you understand the above and that the information provided is true and accurate to the best of your knowledge.

Producer/Contact Signature _____ Date _____